

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/551311	FILING DATE	3-9-86
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						
13	1	1	1	1		
14	1	1	1	1		
15						
16	1	1	1	1		
17	1	1	1	1		
18	1	1	1	1		
19						
20						
21						
22	1					
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43			1			
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49						
50						
TOTAL IND.						
TOTAL DEP.			22			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			23			

OBQ